



**Arizona Department of Water Resources**  
Water Management Support Section  
P.O. Box 458 • Phoenix, Arizona 85001-0458  
(602) 771-8500 • (800) 352-8488  
www.azwater.gov

**FEE**

## Late Registration of a Well

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ You must include with your application:
  - check or money order for the fee(s)
- ❖ Authority for fee: A.R.S. § 45-113(B), A.A.C. R12-15-151(B)(4)(a)

AMA / INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER

WELL REGISTRATION NUMBER

**55 -**

**\*\* PLEASE PRINT CLEARLY \*\***

### SECTION 1. REGISTRY INFORMATION

Well Type	Fee	Location of Well
CHECK ONE <input type="checkbox"/> Exempt (Pump has a maximum capacity of not more than 35 gpm <u>and</u> water is not used for irrigation purposes inside an AMA.) (See instructions.)	\$10	WELL LOCATION ADDRESS (IF ANY)
<input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm <u>and</u> the well is located outside an AMA.) (See instructions.)	\$20	TOWNSHIP (N/S)   RANGE (E/W)   SECTION   160 ACRE   40 ACRE   10 ACRE         1/4   1/4   1/4
ORIGINAL WELL DRILLING FIRM (IF KNOWN)		LATITUDE   LONGITUDE °   '   "N   °   '   "W Degrees   Minutes   Seconds   Degrees   Minutes   Seconds
ORIGINAL WELL DRILL DATE (ESTIMATE IF NOT KNOWN)		METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade *IF GPS, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):
PROPERTY OWNER WHEN WELL WAS DRILLED (IF KNOWN)		COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK   MAP   PARCEL   # OF ACRES
		PLACE OF USE (ONLY IF DIFFERENT FROM LOCATION OF WELL) TOWNSHIP (N/S)   RANGE (E/W)   SECTION   160 ACRE   40 ACRE   10 ACRE         1/4   1/4   1/4
		COUNTY WHERE WELL IS LOCATED

### SECTION 2. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS	MAILING ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER   FAX	TELEPHONE NUMBER   FAX

### SECTION 3.

Questions	Yes	No	If Yes:
1. Is the well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?			
2. Is there another well name or identification number associated with this well? (e.g., Lot 39 Well, MW-1, Smith Well, etc.)			PLEASE STATE
3. If this well is an exempt well, is it the second exempt well on this parcel for the same use?			

**SECTION 4. WATER/SITE INFORMATION**

<b>Principal Use of Water</b>		<b>Other Uses of Water</b>	<b>MAXIMUM PUMP CAPACITY</b>	
CHECK <u>ONE</u>		CHECK <u>ALL THAT APPLY</u>	Gallons Per Minute	
<input type="checkbox"/> Irrigation (# of acres _____ ) <input type="checkbox"/> Utility <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Mining <input type="checkbox"/> Stock <input type="checkbox"/> Recharge <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Irrigation (# of acres _____ ) <input type="checkbox"/> Utility <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Mining <input type="checkbox"/> Stock <input type="checkbox"/> Recharge <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (please specify):	TOTAL DEPTH OF WELL	Feet Below Land Surface
			STATIC WATER LEVEL	Feet Below Land Surface

**SECTION 5. EXISTING WELL CONSTRUCTION DESIGN** (attach additional page if needed)

<b>Borehole</b>			<b>Existing Casing (to the best of your knowledge)</b>													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE ( T )				PERFORATION TYPE ( T )					SLOT SIZE IF ANY (inches)	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE

**Existing Annular Material (to the best of your knowledge)**

DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE ( T )								FILTER PACK		
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	GROUT	CHIPS	PELLETS	IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE

I state that this registration is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER OR LANDOWNER	DATE
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